



West Haldimand General Hospital FOI Access/Correction Request Form

Please see instructions on page 2 before completing this form.

Type of Request	
<input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Other's Personal Information* <input type="checkbox"/> Access to Own Personal Information* <input type="checkbox"/> Correction of Own Personal Information*	* If the request is for access or correction of personal information, the name appearing on records is: <input type="checkbox"/> Same as below, or: <input type="checkbox"/> Please provide:

Requester's Information			
Last name	First name	Middle Initial	Title (please circle) Mr. Mrs. Miss Ms. Other:
Street, Apartment, PO Box, RR No	City/Town	Province	Postal Code
Primary Telephone Number ()	Alternate Telephone Number ()		

Description of Information Requested	
Time period of the records From (yyyy/mm/dd) To (yyyy/mm/dd)	Preferred method of access to records: <input type="checkbox"/> Receive Copy <input type="checkbox"/> Examine Original

Payment and Signature (send payment by mail, or visit the cashier office at WHGH)		
A \$5.00 application fee is required for each request		
<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	Signature	Date (yyyy/mm/dd)

Personal information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Freedom of Information Coordinator of West Haldimand General Hospital

Institution Use Only		
Date Received:	Request Number:	Comments:

Instructions for Completing the FOI Access/Correction Request

Informal Access to Records

Many records of West Haldimand General Hospital are available to you without making a request under the Freedom of Information and Protection of Privacy Act. Please visit our website for a list of documents publicly available or contact the WHGH Freedom of Information (FOI) Coordinator to determine whether you need to make a formal request.

Type of Request

Check the box that indicates what you are requesting (records that do not contain personal information are general records).

The FOI Coordinator is required to verify your identity before giving you access to your own personal information.

If you are requesting another person's personal information records, you must provide proof that you have the authority to act for them (e.g. power of attorney, guardian or trustee order).

Requester's Information

Please ensure you have entered your name, address and telephone number accurately.

Description of Information Requested

Provide as much detail as possible about the requested general records, own personal information, other's personal information. Use a separate sheet of paper if you need more space and attach it to this form. Additional pages must be numbered and your name and the date must appear at the top of each sheet.

Specify the time period for the records as precisely as possible, e.g. from 2008/07/21 to 2009/11/30.

Check a box to indicate whether you want to examine original documents (which may only be done on site) or receive copies.

If you are requesting personal information records, please be sure you give:

- Your full name
- Any other names that you have previously used
- Any identifying numbers that relate to the records
- The full name of the other person whose records you are requesting

Payment and Signature

A \$5.00 application fee is required. Make cheques payable to West Haldimand General Hospital.

Please note that cash payments must be made in person at the FOI Office, West Haldimand General Hospital.

Sign and date the form and mail it or submit in person to:

Privacy and Freedom of Information Office
West Haldimand General Hospital
75 Parkview Road
Hagersville, Ontario, N0A 1H0

Tel: 905-768-3311, Ext. 4002
Fax: 905-768-1820
Email: privacy@whgh.ca